U.S. Department of Labor 1 Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

	For Official Use Only
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READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT		
E B			
1 File Number U - [89-88]	2 Fiscal Year Covered From		
	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name James A Williams	Name International Union of Painters & Allied Trade		
	Labor Organization File Number 000-035		
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any		
Street 1750 New York Avenue, N W	Street 1750 New York Avenue, N W		
City Washington	City Washington		
State District of Columbia ZIP Code + 4 20006-5301	State District of Columbia ZIP Code + 4 20006-5301		
5 Position in labor organization General President			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of			
monetary value from an employer whose employees your organization represents or is actively seeking to represent Name and address of Employer (including trade name, if any) 7 a Nature of Interest, Transaction, or Income			
Name	Particular Continues and Con		
Trade Name, if any			
PO Box, Bldg Room No If any	7 b Amount		
Street	7 6 Amount		
City			
State ZIP Code + 4			
Signature			
15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)			
Signed James a. Williams	On 8/15/05 202 637-0700 Date Telephone Number		

Name of Person Filing James Williams	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any) Name Dickstein Shapiro Morin & Oshinsky LLP Trade Name, if any P O Box, Bldg, Room No, if any Street 2101 L Street, N W City Washington State District of Columbia ZIP Code + 4 20037	9 Business deals with A Labor Organization B Trust C Employer	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Trade Name, if any P O Box Bldg Room No if any	Business provides legal services to organization	o labor
Street	11 b Approximate dollar value of such dealing	\$247,276
City	12 a Nature of interest held or income received	
State ZIP Code + 4	Christmas Gift - 2 Bottles of Wine	, \$90 each
	12 b Amount	\$180
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)		
Name [-
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street	Law and on the contract of the	
City		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	

Name of Person Filing James Williams	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name Kelly Press, Inc.		
Trade Name, if any		
P O Box, Bldg , Room No , if any	c Employer	
Street 1701 Cabin Branch Drive		
City Cheverly State Maryland ZiP Code + 4 20785		
State Maryland ZIP Code + 4 20,785		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name 5"	Business provides printing services and materials to labor organization - In 2004, provided convention	
Trade Name, if any	services of the services of th	
P O Box, Bldg , Room No , if any		
Street	11 b Approximate dollar value of such dealing	
City 1	12 a Nature of interest held or income received	
State Tay ZIP Code + 4 Lath	1/14/04, lunch, \$128 30	
	The state of the s	
	12 b Amount , - \$766	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	
Name		
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street 7		
City Transfer of the company of the		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	

Name of Person Filing James Williams	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any) Name The McLaughlin Company	9 Business deals with	
Trade Name, if any P O Box, Bldg , Room No , if any Street 1725 DeSales Street, N W City Washington State District of Columbia ZIP Code + 4 20036	a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box Bldg Room No if any	11 a Nature of such dealing Business provides insurance brokerage services to labor organization	
Street	11 b Approximate dollar value of such dealing \$250,186	
State ZIP Code + 4	12 a Nature of interest held or income received 12/04, gift(poinsettia), \$45 12/12/04, Recreational Entertainment, \$354	
	12 b Amount \$399	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	
Name		
Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4		
13 b is the Business an Employer or Consultant 2	14 b Amount of payment	

Name of Person Filing James Williams	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name Spear, Wilderman, et al Spear, et al Spear, wilderman, et al Spear,	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg Room No if any Street City ZIP Code + 4 ZIP Code + 4	Business provides legal services to labor organization 11 b Approximate dollar value of such dealing \$21,431 12 a Nature of interest held or income received 2/7/04, dinner, \$132 84 12 b Amount \$133		
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City ZIP Code + 4	r parts A and B above) or other thing of value 14 a Nature of payment		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing James Williams	File Number U-	
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8 Name and address of Business (including trade name, if any) Name Novak/Francella Trade Name, if any P O Box, Bidg, Room No, if any Suite 501 Street Two Bala Plaza City Bala Cynwyd State Pennsylvania ZIP Code + 4 19004	9 Business deals with a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any	Business provides accounting services to labor organization	
P O Box, Bldg , Room No If any		
Street Street	11 b Approximate dollar value of such dealing	
State ZIP Code + 4 Zin State	1/28/04, meal, \$90.88 8/4/04, meal, \$36.44 12/13/04, meal, \$81.48	
	12 b Amount [5, 5209]	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	
Name And		
P O Box, Bldg , Room No , If any		
City A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	

Name of Person Filing James Williams	File Number U-		
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8 Name and address of Business (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	That Nature of such dealing		
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street	11 b Approximate dollar value of such dealing		
City	12 a Nature of interest held or income received		
State ZIP Code + 4			
	12 b Amount		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment		
(including trade name, if any)	Christmas Gift Basket, \$195 65, including tax		
Name Finishing Contractors Association			
Trade Name, if any			
PO Box, Bldg Room No , if any Suite 1210			
Street 8150 Leesburg Pike	Table 1997 Control of the Control of		
City Vienna			
State Virginia ZIP Code + 4 22182			
13 b. Is the Business an Employer or Consultant 2	14 b Amount of payment \$196		

Name of Person Filing James Williams	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name Amalgamated Bank of New York Trade Name, if any P O Box, Bldg, Room No, if any Street 11-15 Union Square City New York State New York ZIP Code + 4 10003	9 Business deals with a Labor Organization b Trust c Employer		
10. If 9 h, or 9 c, is checked awa trust or employer's pame	11 a Nature of such dealing		
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No , if any	Business provides banking services to labor organization		
Street	11 b Approximate dollar value of such dealing \$3,228		
City	12 a Nature of interest held or income received		
State ZIP Code + 4	12/25/04 Holiday Gift - Blanket \$38 22		
	12 b Amount \$38		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name	14 a Nature of payment		
Trade Name If any P O Box, Bldg , Room No , If any Street City State ZIP Code + 4	, ,		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing James Williams	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name Jennings Sigmond Trade Name, if any P O Box, Bldg, Room No, if any 16th Floor Street 510 Walnut Street City Philadelphia State Pennsylvania ZIP Code + 4 19106-3683	9 Business deals with a Labor Organization Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name IUPAT Industry Pension Fund Trade Name, if any P O Box Bldg , Room No , if any Street 1750 New York Avenue , N W City Washington	Business provides legal services to affiliated pension fund Filer is a trustee 11 b Approximate dollar value of such dealing \$450,449 12 a Nature of interest held or income received		
State District of Columbia ZIP Code + 4 20006	Christmas Present - Sweets Basket		
	12 b Amount \$200		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name			
Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing James Williams	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name Harbaugh Hotel Management Company Trade Name, if any P O Box, Bidg, Room No, if any Street 1600 North Indian Canyon Drive City Palm Springs State California ZIP Code + 4 92262	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name Name IUPAT Industry Pension Fund Trade Name, if any P O Box Bldg Room No if any	Business provides hotel services to affiliated pension fund		
Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	11 b Approximate dollar value of such dealing \$4,432 12 a Nature of interest held or income received 5/10/04, hospitality comp refreshments, \$85 Filer is a trustee 12 b Amount \$85		
Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money Name and address of Employer or Labor Relations Consultant (including trade name, if any)			
Name , if any ,			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing James Williams	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name IUPAT Industry Pension Fund Trade Name, if any P O Box, Bldg Room No if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box Bldg Room No , if any Street City State ZIP Code + 4	11 a Nature of such dealing Affiliated Pension Fund - dealing consists of shared costs Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund 11 b Approximate dollar value of such dealing \$839,191 12 a Nature of interest held or income received 5/13/04, meal, \$138 97 1/21/04, meal, \$48 67 3/28/04, meal, \$95 84 6/30/04, meal, \$95 84 6/30/04, meal, \$95 84 6/30/04, meal, \$98 88 9/11/04, meal, \$98 88 9/11/04, meal, \$107 21		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	14 a Nature of payment		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing James Williams	File Number U-	
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8 Name and address of Business (including trade name, if any) Name IUPAT Industry Pension Fund Trade Name, if any P O Box, Bldg, Room No, if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with X a Labor Organization b Trust c Employer	
10 if 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Trade Name, if any PO Box Bldg , Room No , if any	Affiliated Pension Fund - dealing costs Filer is a trustee All payments a with expenses incurred on behalf o	re in connection
Street	11 b Approximate dollar value of such dealing	\$839,191
City	12 a Nature of interest held or income received	<u> </u>
State ZIP Code + 4	9/14/04, meal, \$137 04 10/13/04, meal, \$56 70 11/3/04, meal, \$213 75 11/30/04, travel/expenses, \$51 80 12/10/04, meal, \$74 45	
	the state of the second state of the second state of the state of the state of the second state of the sec	
	12 b Amount	\$534
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	
Name Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street		
City		TOTAL TO THE PROPERTY OF THE P
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	

Name of Person Filing James Williams	File Number U-
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8 Name and address of Business (including trade name, if any) Name IUPAT Industry Pension Fund Trade Name, if any P O Box, Bldg, Room No, if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	Affiliated Pension Fund - dealing consists of shared costs Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund 11 b Approximate dollar value of such dealing \$839,191 12 a Nature of interest held or income received Paid directly to hotel(s) for meals 1/25/04, dinner, \$28 47 1/27/04, dinner, \$167 14 10/19/04, dinner, \$71 34
	12 b Amount \$267
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	14 a Nature of payment 14 b Amount of payment
13 b Is the Business an Employer or Consultant?	Anount of payment

Name of Person Filing James Williams	File Number U-		
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise		
8 Name and address of Business (including trade name, if any) Name IUPAT Industry Pension Fund Trade Name, if any P O Box, Bldg , Room No , if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name	Affiliated Pension Fund - dealing consists of shared		
Trade Name, if any P O Box, Bldg , Room No if any	Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund		
Street	handan sandan		
City	11 b Approximate dollar value of such dealing \$839,191		
State ZIP Code + 4	Paid directly to hotel(s) for lodging 1/25-1/30, 6 nights, \$2830 50 5/10-5/14, 5 nights, \$802 70 9/12-9/15, 4 nights, \$682 00		
	12 b Amount \$4,315		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment		
(Including trade name, if any) Name Trade Name, if any			
	, , ,		
P O Box, Bldg , Room No , if any Street City State ZIP Code + 4			
The contract of the contract o			
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment		

Name of Person Filing James Williams		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name IUPAT Labor Management Cooperation Initiativ Trade Name, if any PO Box, Bldg Room No, if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZiP Code + 4 20006 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any PO Box Bldg, Room No, if any	9 Business deals with		
Street City State ZIP Code + 4			
	12 b Amount	\$3,252	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name, if any P O Box Bldg , Room No , if any Street City State ZIP Code + 4	14 a Nature of payment		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

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8 Name and address of Business (including trade name, if any) Name TUPAT Labor Management Cooperation Initiativ Trade Name, if any P O Box, Bldg, Room No, if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with a Labor Organiza b Trust c Employer	tion	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deali	ng	
Name	Affiliated labor m	anagement fund -	dealing consists
Trade Name, if any PO Box, Bldg Room No if any	of shared costs Filer is a trustee with expenses incu		are in connection f the fund
Street [11 b Approximate dollar valu	ue of such dealing	\$226,441
City	12 a Nature of interest hel	d or income received	
State ZIP Code + 4	3/19/04, meal, \$13 5/13/04, meal, \$11 6/7/04, hotel, \$48 6/23/04, meal, \$87 7/10/04, meal, \$16	9 75 8 85 53	
	12 h Argount	2	2006
	12 b Amount		\$996
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	- 200 million (1988) (1988) (1988) (1989) (1989) (1989) (1989) (1989) (1989) (1989) (1989) (1989) (1989) (1989)	
Name			THE PROPERTY OF THE PROPERTY O
Trade Name, if any			
P O Box, Bldg , Room No , if any			**************************************
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		
Lama			

Name of Person Filing James Williams	Fite Number U-	
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to or otherwise	
8 Name and address of Business (including trade name, if any) Name IUPAT Labor Management Cooperation Initiativ Trade Name, if any P O Box, Bldg, Room No, if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with X a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Trade Name, if any P O Box, Bidg Room No , if any Street City State ZIP Code + 4	11 a Nature of such dealing Affiliated labor management fund - dealing consis of shared costs Filer is a trustee All payments are in connectivity with expenses incurred on behalf of the fund 11 b Approximate dollar value of such dealing \$226, 12 a Nature of interest held or income received 8/5/04, meal, \$212 75 9/10/04, meal, \$51 90 9/10-11/04, hotel, \$426 25 12/17/04, Christmas Gift, \$61 95	
	12 b Amount \$753	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment	
(including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4		
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment	

Name of Person Filing James Williams		File Number U-	
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	S	
8 Name and address of Business (including trade name, if any) Name IUPAT Joint Apprenticeship Training Fund Trade Name, if any P O Box, Bidg, Room No, if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with X a Labor Organizal b Trust c Employer	tion	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealii	ng	
Name Trade Name, if any P O Box Bldg , Room No if any	Affiliated apprent	iceship fund - d	dealing consists of
Street	11 b Approximate dollar valu	o of such dealing	\$271,319
City	12 a Nature of interest held	·	32/1,319
State ZIP Code + 4	2/5/04, meal, \$35 2/5/04, meal, \$238 2/6/04, meal, \$32 2/6/04, meal, \$31 2/7/04, meal, \$28 2/7/04, meal, \$41 2/7/04, meal, \$58	20 40 42 58 73 20	
	12 b Amount		\$466
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	Part Color 	
Name Trade Name, if any P O Box, Bldg , Room No , if any		-1	
Street			
Street			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing James Williams	File Number U-	
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8 Name and address of Business (including trade name, if any) Name IUPAT Joint Apprenticeship Training Fund Trade Name, if any P O Box, Bldg, Room No, if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	9 Business deals with X a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Trade Name, if any P O Box, Bidg Room No , if any Street City State ZIP Code + 4	Affiliated apprenticeship fund - dishared costs 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received 4/26/04, meal, \$36 36 6/24/04, meal, \$67 49 10/21/04, meal, \$67 33	sealing consists of
	12 b Amount	\$171
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		- Tarrell - Tarr
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment	
(including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	J	
13 b Is the Business an Employer or Consultant 7	14 b Amount of payment	

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.